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Table) MON	THYEAR	(6)	(7)	(8)	MEALS		(9)	(10)		TRANSPORTA	TION		(11)	(12)
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used, and if mileage rates exceed the minimum rate, I cartify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMA

DATE

3/18/09

(17) Sheeld: Every St. Manual S

Name	Cange Cang	3036 NE NUMB 43 CODE
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Office of the Director	COLOR Colo	3036 NE NUMB 43 CODE (12) TOTAL EXPENS FOR DA
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1700 K Street	1700 K Street	(12) TOTAL EXPENS FOR DA
STATE 21P CODE CA 95831 Sacramento CA 95831	STATE ZIP CODE CITY STATE ZIP CODE CITY STATE ZIP SACRAMENTO CA 9581 SAC	(12) TOTAL EXPENS FOR DA
NORMAL WORK HOURS C2 PRIVATE VEHICLE LICENSE NUMBER (3) MILEAGE RATE CLAIMED 0.550	NORMAL WORK HOURS SECOND	(12) TOTAL EXPENS FOR DA
	Scion - 5:00	TOTAL EXPENS FOR DA
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5)	-	WHERE EXPENSES WERE INCURRED		BREAK-		O.T., L/T		(A) COST OF	(B) TYPE	(C)		(D)		TOTA
- 4	TIME		LODGING	FAST	LUNCH	OR DINNER	TALS	TRANS	USED	CARFARE, TOLLS,		TE CAR USE	BUSINESS	EXPENS FOR D
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See Instructions and *Privacy Statement on Reverse Side

TRAVEL EXPENSE CLAIM

Director Director's Office 33036 RESIDENCE ADDRESS 1700 K Street 44 44 44 45 45 45 45 4	INDEX NUMBER 1500 TELEPHONE NUMBER 445-1943 ZIP CODE 95811 8. 9. TOTAL BUSINESS EXPENSE EXPENSE FOR DAY \$121. \$81. \$0. \$0. \$13. \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0.
Director Director STATE STATE STATE SACRAMENTO SACRA	INDEX NUMBER 1500 TELEPHONE NUMBER 445-1943 ZIP CODE 95811 8. 9. TOTAL BUSINESS EXPENSE EXPENSE FOR DAY \$121. \$81. \$0. \$13. \$0. \$0. \$0. \$0. \$0. \$0. \$0.
Director	INDEX NUMBER 1500 TELEPHONE NUMBER 445-1943 ZIP CODE 95811 8. 9. TOTAL BUSINESS EXPENSE EXPENSE FOR DAY \$121. \$81. \$0. \$13. \$0. \$0. \$0. \$0. \$0. \$0. \$0.
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1700 K Street 1700 K Street 24 24 25 25 25 25 25 25	### A45-1943 ### ZIP CODE
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Sacramento Ca 95831 Sacramento CA Sa	95811 8. 9. TOTAL BUSINESS EXPENSE FOR DAY \$121. \$81. \$0. \$3. \$0. \$13. \$0. \$0. \$50. \$0. \$0. \$0. \$0. \$0. \$0. \$0.
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DATE TIME WERE INCURRED FAST DINNER TALS TRANS. USED PARKING MILES AMOUNT ED 03/16/09 2:00 p.m. Santa Ana \$92.45	EXPENSE FOR DAY \$121. \$81. \$0. \$3. \$0. \$13. \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0. \$0.
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CLAIM TOTAL	\$219.
11. PURPOSE OF TRIP, REMARKS, AND DETAILS (ATTACH RECEIPTS/VOUCHERS WHEN REQUIRED)	
3-16-09 - Treatment Facility site visit, Laguna Hills; 3-18-09 - Met with Agency Secretary Kim Belshe; 3-19-09 - Attended Child Welfare Mtg	ftg.
2. NORMAL WORK HOURS PCA PROJECT WRK. PHS OBJ AO AMOUNT OBJ AO AMOUNT OBJ AO AMOUNT OBJ AO AMOUNT OBJ AO A	AMOUNT TOTAL
8:00 a.m 5:00 p.m.	
13. PRIVATE VEHICLE LIC. NO.	
4. MILEAGE RATE CLAIMED	
\$0.55 per mile.	
AGENCY ACCOUNTING	
OFFICE USE ONLY	
PAID BY REV. FUND CHECK No.	
TOTALS	
5. I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately ow	cowned uphicle was used
 HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately ow and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to, or greater than, the rate claimed, and that I have met the requirements as pres 	
Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.	
DATE /2/00 14 SIGNATURE OF OFFICER APPROVANCE TRAVEL AND PAYMENT DATE	DATE
413/09	4/3/07
7. SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE DATE	

STD. 2	62 (REV	EXPENSE CLAIM (9/2007)		OTTORTION	See In	structio	ns and *P	rivacy Side				1		
	ANT'S N							NOVEE NUM	IDER*		Page	ARTMENT	Pa	ages
Ren	ee Zit	0		-					-		AD			
Dire	-			CB/IE	No.		DIVISION of		-		-		INDEX N	UMBER
		DORESS*						f the Dire					1500/3	3036
								RTERS ADDR	ESS				TELEPHO	ONE NUMBE
CITY			STAT	E ZIP C	ODE		1700 K S	street				-	445-19	
Sacr	ament	0	CA	958	331		Sacrame	nto				CA	9581	CODE
(1) NOR	MAL WO	ORK HOURS					(2) PRIVATE	VEHICLE LIC	ENSE NU	MRER	/23.54	LEAGE RATE		1
8:00 (4) MON	-5:00									mosels.	0.55		CLAIMED	
		(6)	(7)	(8)	MEALS		(9)	(10)		TRANSPORTA	ATION		(11)	(12)
Mar	Apr	WHERE EXPENSES WERE INCURRED		BREAK-		0.T., L/1 N/C, REL	and the second second	(A)	(8)	(C)	T	(D)		TOTAL
(5) DATE	TIME	WE'SE INCORNED	LODGING	FAST	LUNCH	OR	TALS	COST OF TRANS.	TYPE	CARFARE, TOLLS,	PRIVA	TE CAR USE	BUSINESS	EXPENSE
30	1715	Sacramento/Long Beach	253.20			DINNER 18.0		25.00	Tr.	PARKING	MILES	AMOUNT	EAFENSE	FOR DA
31		Long Beach						25.00	Т		20,00	11.00		307.20
	1930			6.00	10.00	18.0	0 6.00	14.00	T			0.00		54.00
1		Long Beach/Sacramento		6.00	10.00	18.0	0 6.00	29.00	Т	34.00	20.00	11.00		114.00
												0.00		0.00
		to the second										0.00		0.00
		12										0.00		0.00
												0.00		0.00
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												0.00		0.00
												0.00		0.00
												0.00		0.00
3)	S	UBTOTALS	253.20	12.00	20.00	54.00	12.00	68.00		34.00	40.00	22.00	0.00	475.20
COLI	MN C	ODE (ACCTG. USE ONLY)	No.					ANDER	and the	NO THE REAL PROPERTY.	Thurs.	SAME OF	PERCON.	
	C	LAIM TOTAL												\$475,20
4) PURF	OSE OF	TRIP, REMARKS AND DETAILS (Atta	ich receipts/vou	chers when re	equired)						100	1000 1000		
March	30, 20	009 - Travel to Long Beac	h								AGI		OUNTING O	FFICE
larch	31-Ap	oril 1, 2009 - Attended Co	-Occurring	Disorde	rs Confe	rence					PAID BY	REVOLVING	FUND CHEC	K NUMBER
pril I	, 2009	- Facility Tour - Long Be	each											
										- 1				
										- 1				
5) 1.1														
118	M Section	CERTIFY That the above is a true sta f mileage rates exceed the minimum rates 0750, 0751, 0752, 0753 and 0754 p	tement of the trate, I certify that pertaining to veh	icle safety an	perating the d seat belt un	sage.	adom to bi &	romer with the	e rate cas	ined, and that i	nave met	. If a privately the requireme	y owned vehicents as prescri	de was bed by
L			×	4/3	109	(16) SIG	NATURE OF (SEEICED ADD	POUNC	TOARES AND E	T	DATE		
) SPECI	AL/EXPE	ENSE AUTHORIZATION - SIGNATURE	and TITLE /S	ee Item 17 on	reverse)	-	,			-		DATE		-
					- TORREST (DATE		